
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/		

Filing at a Glance

Company:	Catholic Order of Foresters
Product Name:	FCNH, FCLTC, FCLTC 2000
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	11/17/2017
SERFF Tr Num:	UHAS-131210905
SERFF Status:	Assigned
State Tr Num:	UHAS-131210905
State Status:	Received Review in Progress
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Shana O'Dell, Eva Gaber, Michael Blaser
Reviewer(s):	Jim Lavery (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 16.67% increase on 10 PA policyholders of Catholic Order of Foresters forms FCNH, FCLTC, and FCLTC 2000 (the Generation 1 and Generation 2 Series).

State: Pennsylvania **Filing Company:** Catholic Order of Foresters
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: FCNH, FCLTC, FCLTC 2000
Project Name/Number: COF LTC Rate Inc 2017 - Gen 1 and 2/

General Information

Project Name: COF LTC Rate Inc 2017 - Gen 1 and 2
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 16.667%
Deemer Date:
Submitted By: Eva Gaber
Status of Filing in Domicile: Authorized
Date Approved in Domicile: 03/22/2017
Domicile Status Comments: Illinois is the state of domicile
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/17/2017
State Status Changed: 11/20/2017
Created By: Michael Blaser
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

COF LTC Rate Increase 2017 - Gens 1 and 2

Company and Contact

Filing Contact Information

Gaber Eva, Consulting Actuary
1089 W. Morse Blvd.
Winter Park, FL 32792
EGaber@uhasinc.com
407-622-4533 [Phone]

Filing Company Information

(This filing was made by a third party - unitedhealthactuarialservices)

Catholic Order of Foresters	CoCode: 57487	State of Domicile: Illinois
355 Shuman Blvd.	Group Code:	Company Type:
Naperville, IL 60566-7012	Group Name:	State ID Number:
(800) 552-0145 ext. [Phone]	FEIN Number: 36-0879870	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	Yes
Fee Explanation:	The state of domicile (Illinois) does not charge a filing fee for rate filings.

SERFF Tracking #:	UHAS-131210905	State Tracking #:	UHAS-131210905	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	20.000%
Effective Date of Last Rate Revision:	02/01/2017
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Catholic Order of Foresters	16.667%	16.667%	\$2,240	10	\$13,439	16.667%	16.667%

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Premium Rate Sheets	FCNH, FCLTC, FCLTC 2000	Revised	Previous State Filing Number: UHAS-130647687 Percent Rate Change Request: 16.667	Rates FCNH PA.pdf, Rates FCLTC PA.pdf, Rates FCLTC 2000 PA.pdf,

Catholic Order of Foresters
Nursing Home Only Policy - Form FCNH, \$10/Day Annual Premiums
Standard Rates - Before Spouse & Preferred Risk Discount

Issue Age	<u>730-Day Benefit Period</u> Elimination Period			<u>1095-Day Benefit Period</u> Elimination Period			<u>1825-Day Benefit Period</u> Elimination Period			<u>Lifetime Benefit Period</u> Elimination Period		
	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>
18-44	19.32	18.48	18.00	20.76	19.92	19.32	22.56	21.60	21.00	28.56	27.24	26.28
45-49	23.28	22.20	21.48	25.56	24.24	23.40	28.32	26.88	25.92	36.72	34.68	33.36
50	26.88	25.56	24.60	29.88	28.32	27.24	33.60	31.80	30.60	44.04	41.52	39.84
51	28.20	26.64	25.68	31.32	29.64	28.56	35.40	33.36	32.16	46.56	43.80	42.00
52	29.40	27.72	26.64	32.76	30.96	29.76	37.08	35.04	33.60	48.96	46.08	44.16
53	31.08	29.28	28.20	34.92	32.88	31.56	39.60	37.32	35.88	52.44	49.32	47.16
54	32.76	30.84	29.64	36.96	34.80	33.36	42.24	39.72	38.04	56.04	52.56	50.28
55	34.56	32.52	31.08	39.12	36.72	35.16	44.76	42.12	40.32	59.52	55.80	53.28
56	36.24	34.08	32.64	41.16	38.64	36.96	47.28	44.40	42.48	63.00	59.04	56.40
57	37.92	35.64	34.08	43.32	40.56	38.88	49.80	46.80	44.76	66.48	62.28	59.40
58	41.40	38.76	37.08	47.40	44.40	42.48	54.84	51.36	49.08	74.04	69.24	66.00
59	44.76	41.88	39.96	51.60	48.24	46.08	59.76	56.04	53.40	81.60	76.32	72.72
60	48.24	45.00	42.96	55.68	52.08	49.68	64.80	60.60	57.84	89.16	83.28	79.32
61	51.60	48.12	45.96	59.88	55.92	53.28	69.72	65.16	62.16	96.84	90.36	85.92
62	55.08	51.36	48.84	63.96	59.64	56.88	74.76	69.84	66.48	104.40	97.32	92.52
63	62.04	57.72	54.84	72.48	67.56	64.20	84.96	79.32	75.48	114.96	107.04	101.76
64	69.00	64.08	60.96	81.00	75.36	71.64	95.16	88.68	84.36	125.52	116.88	110.88
65	75.96	70.56	66.96	89.40	83.16	78.96	105.36	98.16	93.24	136.08	126.60	120.12
66	82.92	76.92	72.96	97.92	90.96	86.40	115.56	107.52	102.12	146.64	136.32	129.36
67	89.88	83.28	78.96	106.44	98.76	93.72	125.76	117.00	111.12	157.20	146.16	138.48
68	99.36	92.04	87.24	117.96	109.44	103.80	139.68	129.84	123.24	176.16	163.68	155.16
69	108.72	100.68	95.40	129.48	120.12	113.88	153.48	142.68	135.36	195.24	181.20	171.72
70	118.20	109.44	103.68	140.88	130.68	123.84	167.28	155.40	147.48	214.20	198.84	188.28
71	127.68	118.20	111.84	152.40	141.36	133.92	181.08	168.24	159.48	233.16	216.36	204.96
72	137.04	126.84	120.12	163.92	152.04	144.00	195.00	181.08	171.60	252.12	234.00	221.52
73	154.20	142.68	135.12	184.92	171.48	162.36	220.20	204.48	193.80	280.32	260.04	246.12
74	171.36	158.52	150.00	205.92	190.80	180.72	245.40	227.88	215.88	308.40	286.08	270.72
75	188.52	174.36	165.00	226.92	210.24	199.08	270.72	251.28	238.08	336.48	312.12	295.32
76	205.68	190.32	180.00	247.80	229.68	217.44	295.92	274.68	260.16	364.68	338.16	319.92
77	222.84	206.16	195.00	268.80	249.12	235.80	321.12	298.08	282.36	392.76	364.20	344.52
78	250.32	231.36	218.76	302.52	280.32	265.20	361.80	335.64	317.88	435.72	403.80	381.96
79	277.68	256.56	242.64	336.24	311.40	294.60	402.60	373.32	353.52	478.80	443.52	419.40
80	305.04	281.76	266.40	369.96	342.48	324.00	443.28	411.00	389.04	521.76	483.24	456.84
81	332.52	307.08	290.16	403.68	373.68	353.40	483.96	448.68	424.68	564.72	522.96	494.28
82	359.88	332.28	314.04	437.40	404.76	382.92	524.64	486.24	460.20	607.80	562.56	531.72
83	385.20	355.44	335.64	468.12	432.96	409.32	561.36	519.96	491.88	649.08	600.48	567.24
84	410.52	378.60	357.36	498.96	461.16	435.84	597.96	553.56	523.56	690.48	638.52	602.88
85+	536.64	492.48	463.20	648.00	596.28	561.60	772.44	712.44	672.00	889.32	819.36	771.72

Catholic Order of Foresters
Nursing Home Only Policy - Form FCNH, \$10/Day Annual Premiums
Standard Rates - Before Spouse & Preferred Risk Discount

Issue Age	<u>730-Day Benefit Period</u> Elimination Period			<u>1095-Day Benefit Period</u> Elimination Period			<u>1825-Day Benefit Period</u> Elimination Period			<u>Lifetime Benefit Period</u> Elimination Period		
	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>
18-44	22.54	21.56	21.00	24.22	23.24	22.54	26.32	25.20	24.50	33.32	31.78	30.66
45-49	27.16	25.90	25.06	29.82	28.28	27.30	33.04	31.36	30.24	42.84	40.46	38.92
50	31.36	29.82	28.70	34.86	33.04	31.78	39.20	37.10	35.70	51.38	48.44	46.48
51	32.90	31.08	29.96	36.54	34.58	33.32	41.30	38.92	37.52	54.32	51.10	49.00
52	34.30	32.34	31.08	38.22	36.12	34.72	43.26	40.88	39.20	57.12	53.76	51.52
53	36.26	34.16	32.90	40.74	38.36	36.82	46.20	43.54	41.86	61.18	57.54	55.02
54	38.22	35.98	34.58	43.12	40.60	38.92	49.28	46.34	44.38	65.38	61.32	58.66
55	40.32	37.94	36.26	45.64	42.84	41.02	52.22	49.14	47.04	69.44	65.10	62.16
56	42.28	39.76	38.08	48.02	45.08	43.12	55.16	51.80	49.56	73.50	68.88	65.80
57	44.24	41.58	39.76	50.54	47.32	45.36	58.10	54.60	52.22	77.56	72.66	69.30
58	48.30	45.22	43.26	55.30	51.80	49.56	63.98	59.92	57.26	86.38	80.78	77.00
59	52.22	48.86	46.62	60.20	56.28	53.76	69.72	65.38	62.30	95.20	89.04	84.84
60	56.28	52.50	50.12	64.96	60.76	57.96	75.60	70.70	67.48	104.02	97.16	92.54
61	60.20	56.14	53.62	69.86	65.24	62.16	81.34	76.02	72.52	112.98	105.42	100.24
62	64.26	59.92	56.98	74.62	69.58	66.36	87.22	81.48	77.56	121.80	113.54	107.94
63	72.38	67.34	63.98	84.56	78.82	74.90	99.12	92.54	88.06	134.12	124.88	118.72
64	80.50	74.76	71.12	94.50	87.92	83.58	111.02	103.46	98.42	146.44	136.36	129.36
65	88.62	82.32	78.12	104.30	97.02	92.12	122.92	114.52	108.78	158.76	147.70	140.14
66	96.74	89.74	85.12	114.24	106.12	100.80	134.82	125.44	119.14	171.08	159.04	150.92
67	104.86	97.16	92.12	124.18	115.22	109.34	146.72	136.50	129.64	183.40	170.52	161.56
68	115.92	107.38	101.78	137.62	127.68	121.10	162.96	151.48	143.78	205.52	190.96	181.02
69	126.84	117.46	111.30	151.06	140.14	132.86	179.06	166.46	157.92	227.78	211.40	200.34
70	137.90	127.68	120.96	164.36	152.46	144.48	195.16	181.30	172.06	249.90	231.98	219.66
71	148.96	137.90	130.48	177.80	164.92	156.24	211.26	196.28	186.06	272.02	252.42	239.12
72	159.88	147.98	140.14	191.24	177.38	168.00	227.50	211.26	200.20	294.14	273.00	258.44
73	179.90	166.46	157.64	215.74	200.06	189.42	256.90	238.56	226.10	327.04	303.38	287.14
74	199.92	184.94	175.00	240.24	222.60	210.84	286.30	265.86	251.86	359.80	333.76	315.84
75	219.94	203.42	192.50	264.74	245.28	232.26	315.84	293.16	277.76	392.56	364.14	344.54
76	239.96	222.04	210.00	289.10	267.96	253.68	345.24	320.46	303.52	425.46	394.52	373.24
77	259.98	240.52	227.50	313.60	290.64	275.10	374.64	347.76	329.42	458.22	424.90	401.94
78	292.04	269.92	255.22	352.94	327.04	309.40	422.10	391.58	370.86	508.34	471.10	445.62
79	323.96	299.32	283.08	392.28	363.30	343.70	469.70	435.54	412.44	558.60	517.44	489.30
80	355.88	328.72	310.80	431.62	399.56	378.00	517.16	479.50	453.88	608.72	563.78	532.98
81	387.94	358.26	338.52	470.96	435.96	412.30	564.62	523.46	495.46	658.84	610.12	576.66
82	419.86	387.66	366.38	510.30	472.22	446.74	612.08	567.28	536.90	709.10	656.32	620.34
83	449.40	414.68	391.58	546.14	505.12	477.54	654.92	606.62	573.86	757.26	700.56	661.78
84	478.94	441.70	416.92	582.12	538.02	508.48	697.62	645.82	610.82	805.56	744.94	703.36
85+	626.08	574.56	540.40	756.00	695.66	655.20	901.18	831.18	784.00	1,037.54	955.92	900.34

Catholic Order of Foresters
Optional Rider Factors

<u>Issue Age</u>	<u>Rider FCIPR Inflation Protection</u>	<u>Rider FCNFB Non-Forfeiture Benefit</u>
18-44	2.49	1.25
45-49	2.44	1.20
50	2.38	1.15
51	2.35	1.14
52	2.33	1.14
53	2.30	1.14
54	2.28	1.14
55	2.25	1.14
56	2.23	1.14
57	2.20	1.14
58	2.17	1.14
59	2.13	1.14
60	2.10	1.14
61	2.06	1.14
62	2.03	1.13
63	2.00	1.13
64	1.97	1.13
65	1.94	1.13
66	1.91	1.12
67	1.88	1.12
68	1.85	1.12
69	1.81	1.12
70	1.77	1.11
71	1.73	1.11
72	1.69	1.11
73	1.66	1.10
74	1.63	1.10
75	1.60	1.09
76	1.58	1.09
77	1.55	1.08
78	1.52	1.08
79	1.50	1.07
80	1.47	1.07
81	1.45	1.07
82	1.42	1.06
83	1.41	1.06
84	1.39	1.06
85+	1.33	1.06

Premium Calculation Example:

Annual Base Premium

x

Inflation Protection Factor
(if chosen by Insured)

x

Non-Forfeiture Benefit Factor
(if chosen by Insured)

=

Total Gross Premium

Spouse Discount

10%

Preferred Risk Discount

10%

Modal Factors

Semi-Annual: 0.52

Quarterly: 0.265

Monthly PAC: 0.0875

Catholic Order of Foresters
Base Plan (Form FCLTC-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	13.20	14.94	17.28	21.90
45-49	28.61	33.22	39.38	51.23
50	32.70	38.27	45.70	59.88
51	33.80	39.66	47.45	62.33
52	34.91	41.04	49.20	64.76
53	36.02	42.43	50.96	67.21
54	37.13	43.81	52.72	69.65
55	38.23	45.20	54.47	72.10
56	40.98	48.60	58.70	77.93
57	43.74	52.01	62.94	83.76
58	46.49	55.40	67.19	89.58
59	49.25	58.81	71.42	95.41
60	52.00	62.21	75.66	101.24
61	56.87	68.29	83.30	111.84
62	61.74	74.38	90.94	122.42
63	66.61	80.45	98.58	133.02
64	71.48	86.53	106.21	143.60
65	76.36	92.62	113.86	154.20
66	84.56	102.80	126.60	169.49
67	92.77	113.00	139.33	184.78
68	100.98	123.19	152.08	200.08
69	109.19	133.39	164.81	215.36
70	117.40	143.58	177.55	230.65
71	133.57	163.69	202.72	258.58
72	149.75	183.80	227.87	286.51
73	165.92	203.92	253.03	314.44
74	182.10	224.03	278.18	342.37
75	198.28	244.14	303.35	370.30
76	213.92	263.44	327.29	399.58
77	229.57	282.73	351.23	428.86
78	245.23	302.03	375.16	458.14
79	260.88	321.32	399.10	487.42
80	276.53	340.62	423.04	516.70
81	298.25	367.57	456.68	557.95
82	319.97	394.52	490.33	599.22
83	341.68	421.48	523.99	640.48
84	363.40	448.43	557.64	681.74
85+	442.88	546.68	679.98	831.46

Catholic Order of Foresters
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	2.09	2.46	3.06	3.71
45-49	5.39	6.32	7.90	9.83
50	6.38	7.50	9.36	11.72
51	6.58	7.72	9.64	12.07
52	6.76	7.93	9.91	12.42
53	6.95	8.16	10.18	12.78
54	7.13	8.38	10.45	13.13
55	7.32	8.59	10.73	13.48
56	7.74	9.08	11.34	14.26
57	8.17	9.58	11.96	15.04
58	8.59	10.08	12.58	15.83
59	9.02	10.57	13.20	16.61
60	9.44	11.06	13.81	17.39
61	10.04	11.76	14.68	18.48
62	10.64	12.46	15.54	19.57
63	11.26	13.14	16.40	20.66
64	11.86	13.84	17.27	21.76
65	12.46	14.53	18.13	22.85
66	13.31	15.50	19.34	25.14
67	14.16	16.48	20.56	27.44
68	15.00	17.46	21.77	29.74
69	15.85	18.43	22.98	32.04
70	16.70	19.40	24.19	34.33
71	20.32	23.72	29.59	39.43
72	23.93	28.04	34.99	44.54
73	27.53	32.35	40.39	49.64
74	31.14	36.67	45.79	54.76
75	34.75	40.99	51.19	59.86
76	36.62	43.19	53.94	63.06
77	38.50	45.40	56.69	66.26
78	40.36	47.59	59.45	69.47
79	42.23	49.80	62.20	72.67
80	44.10	52.00	64.94	75.88
81	47.16	55.60	69.44	81.12
82	50.22	59.20	73.94	86.38
83	53.29	62.81	78.43	91.62
84	56.35	66.41	82.93	96.88
85+	68.33	80.51	100.55	117.44

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	13.45	15.91	18.98	25.04
45-49	26.38	32.06	39.28	53.28
50	29.22	35.81	44.21	60.47
51	29.51	36.26	44.89	61.57
52	29.75	36.67	45.49	62.56
53	29.94	37.01	46.02	63.44
54	30.10	37.30	46.46	64.21
55	30.20	37.52	46.85	64.88
56	31.64	39.37	49.20	68.27
57	32.98	41.09	51.36	71.36
58	34.21	42.66	53.34	74.17
59	35.35	44.10	55.14	76.72
60	36.40	45.41	56.75	78.97
61	38.89	48.62	60.97	85.67
62	41.24	51.61	64.93	92.06
63	43.43	54.38	68.62	98.17
64	45.47	56.94	72.01	103.97
65	47.34	59.28	75.14	109.49
66	50.23	62.92	79.75	113.89
67	52.69	65.99	83.60	117.16
68	54.73	68.50	86.68	119.24
69	56.34	70.43	89.00	120.17
70	57.53	71.80	90.55	119.94
71	62.78	78.24	98.93	128.26
72	67.39	83.82	106.19	135.23
73	71.35	88.50	112.34	140.87
74	74.66	92.30	117.40	145.16
75	77.33	95.22	121.34	148.12
76	78.67	96.88	123.59	150.88
77	79.32	97.69	124.75	152.33
78	79.27	97.64	124.85	152.47
79	78.54	96.73	123.88	151.30
80	77.10	94.97	121.84	148.81
81	75.90	93.55	120.35	147.04
82	73.66	90.82	117.22	143.24
83	70.36	86.78	112.44	137.44
84	66.00	81.44	106.01	129.61
85+	54.30	67.02	88.85	108.65

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	17.68	20.59	24.96	32.40
45-49	36.73	43.64	54.02	72.01
50	41.30	49.36	61.46	82.51
51	41.81	50.05	62.44	84.01
52	42.26	50.69	63.34	85.38
53	42.66	51.24	64.14	86.64
54	43.01	51.74	64.86	87.77
55	43.31	52.16	65.50	88.78
56	45.36	54.78	68.78	93.17
57	47.30	57.25	71.89	97.24
58	49.14	59.58	74.80	100.99
59	50.86	61.76	77.51	104.42
60	52.45	63.82	80.02	107.54
61	55.81	68.11	85.42	113.87
62	59.00	72.18	90.50	119.54
63	62.02	76.04	95.28	124.55
64	64.86	79.68	99.76	128.92
65	67.52	83.11	103.92	132.61
66	71.44	87.91	110.12	143.48
67	74.89	92.10	115.54	153.92
68	77.87	95.65	120.17	163.94
69	80.38	98.59	124.01	173.54
70	82.42	100.90	127.08	182.72
71	92.64	113.30	142.96	196.79
72	102.07	124.64	157.49	208.74
73	110.72	134.90	170.68	218.58
74	118.57	144.08	182.51	226.31
75	125.63	152.20	193.01	231.91
76	128.76	155.96	197.89	237.76
77	131.11	158.77	201.59	242.14
78	132.68	160.62	204.08	245.05
79	133.48	161.52	205.38	246.53
80	133.49	161.46	205.49	246.54
81	135.07	163.30	208.09	249.54
82	135.44	163.66	208.84	250.27
83	134.62	162.52	207.71	248.72
84	132.58	159.90	204.72	244.90
85+	130.99	157.40	202.54	241.43

Catholic Order of Foresters
Base Plan (Form FCLTC-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	15.40	17.43	20.16	25.55
45-49	33.38	38.76	45.94	59.77
50	38.15	44.65	53.32	69.86
51	39.43	46.27	55.36	72.72
52	40.73	47.88	57.40	75.55
53	42.02	49.50	59.45	78.41
54	43.32	51.11	61.51	81.26
55	44.60	52.73	63.55	84.12
56	47.81	56.70	68.48	90.92
57	51.03	60.68	73.43	97.72
58	54.24	64.63	78.39	104.51
59	57.46	68.61	83.32	111.31
60	60.67	72.58	88.27	118.11
61	66.35	79.67	97.18	130.48
62	72.03	86.78	106.10	142.82
63	77.71	93.86	115.01	155.19
64	83.39	100.95	123.91	167.53
65	89.09	108.06	132.84	179.90
66	98.65	119.93	147.70	197.74
67	108.23	131.83	162.55	215.58
68	117.81	143.72	177.43	233.43
69	127.39	155.62	192.28	251.25
70	136.97	167.51	207.14	269.09
71	155.83	190.97	236.51	301.68
72	174.71	214.43	265.85	334.26
73	193.57	237.91	295.20	366.85
74	212.45	261.37	324.54	399.43
75	231.33	284.83	353.91	432.02
76	249.57	307.35	381.84	466.18
77	267.83	329.85	409.77	500.34
78	286.10	352.37	437.69	534.50
79	304.36	374.87	465.62	568.66
80	322.62	397.39	493.55	602.82
81	347.96	428.83	532.79	650.94
82	373.30	460.27	572.05	699.09
83	398.63	491.73	611.32	747.23
84	423.97	523.17	650.58	795.36
85+	516.69	637.79	793.31	970.04

Catholic Order of Foresters
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	2.44	2.87	3.57	4.33
45-49	6.29	7.37	9.22	11.47
50	7.44	8.75	10.92	13.67
51	7.68	9.01	11.25	14.08
52	7.89	9.25	11.56	14.49
53	8.11	9.52	11.88	14.91
54	8.32	9.78	12.19	15.32
55	8.54	10.02	12.52	15.73
56	9.03	10.59	13.23	16.64
57	9.53	11.18	13.95	17.55
58	10.02	11.76	14.68	18.47
59	10.52	12.33	15.40	19.38
60	11.01	12.90	16.11	20.29
61	11.71	13.72	17.13	21.56
62	12.41	14.54	18.13	22.83
63	13.14	15.33	19.13	24.10
64	13.84	16.15	20.15	25.39
65	14.54	16.95	21.15	26.66
66	15.53	18.08	22.56	29.33
67	16.52	19.23	23.99	32.01
68	17.50	20.37	25.40	34.70
69	18.49	21.50	26.81	37.38
70	19.48	22.63	28.22	40.05
71	23.71	27.67	34.52	46.00
72	27.92	32.71	40.82	51.96
73	32.12	37.74	47.12	57.91
74	36.33	42.78	53.42	63.89
75	40.54	47.82	59.72	69.84
76	42.72	50.39	62.93	73.57
77	44.92	52.97	66.14	77.30
78	47.09	55.52	69.36	81.05
79	49.27	58.10	72.57	84.78
80	51.45	60.67	75.76	88.53
81	55.02	64.87	81.01	94.64
82	58.59	69.07	86.26	100.78
83	62.17	73.28	91.50	106.89
84	65.74	77.48	96.75	113.03
85+	79.72	93.93	117.31	137.01

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	15.69	18.56	22.14	29.21
45-49	30.78	37.40	45.83	62.16
50	34.09	41.78	51.58	70.55
51	34.43	42.30	52.37	71.83
52	34.71	42.78	53.07	72.99
53	34.93	43.18	53.69	74.01
54	35.12	43.52	54.20	74.91
55	35.23	43.77	54.66	75.69
56	36.91	45.93	57.40	79.65
57	38.48	47.94	59.92	83.25
58	39.91	49.77	62.23	86.53
59	41.24	51.45	64.33	89.51
60	42.47	52.98	66.21	92.13
61	45.37	56.72	71.13	99.95
62	48.11	60.21	75.75	107.40
63	50.67	63.44	80.06	114.53
64	53.05	66.43	84.01	121.30
65	55.23	69.16	87.66	127.74
66	58.60	73.41	93.04	132.87
67	61.47	76.99	97.53	136.69
68	63.85	79.92	101.13	139.11
69	65.73	82.17	103.83	140.20
70	67.12	83.77	105.64	139.93
71	73.24	91.28	115.42	149.64
72	78.62	97.79	123.89	157.77
73	83.24	103.25	131.06	164.35
74	87.10	107.68	136.97	169.35
75	90.22	111.09	141.56	172.81
76	91.78	113.03	144.19	176.03
77	92.54	113.97	145.54	177.72
78	92.48	113.91	145.66	177.88
79	91.63	112.85	144.53	176.52
80	89.95	110.80	142.15	173.61
81	88.55	109.14	140.41	171.55
82	85.94	105.96	136.76	167.11
83	82.09	101.24	131.18	160.35
84	77.00	95.01	123.68	151.21
85+	63.35	78.19	103.66	126.76

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	20.63	24.02	29.12	37.80
45-49	42.85	50.91	63.02	84.01
50	48.18	57.59	71.70	96.26
51	48.78	58.39	72.85	98.01
52	49.30	59.14	73.90	99.61
53	49.77	59.78	74.83	101.08
54	50.18	60.36	75.67	102.40
55	50.53	60.85	76.42	103.58
56	52.92	63.91	80.24	108.70
57	55.18	66.79	83.87	113.45
58	57.33	69.51	87.27	117.82
59	59.34	72.05	90.43	121.82
60	61.19	74.46	93.36	125.46
61	65.11	79.46	99.66	132.85
62	68.83	84.21	105.58	139.46
63	72.36	88.71	111.16	145.31
64	75.67	92.96	116.39	150.41
65	78.77	96.96	121.24	154.71
66	83.35	102.56	128.47	167.39
67	87.37	107.45	134.80	179.57
68	90.85	111.59	140.20	191.26
69	93.78	115.02	144.68	202.46
70	96.16	117.72	148.26	213.17
71	108.08	132.18	166.79	229.59
72	119.08	145.41	183.74	243.53
73	129.17	157.38	199.13	255.01
74	138.33	168.09	212.93	264.03
75	146.57	177.57	225.18	270.56
76	150.22	181.95	230.87	277.39
77	152.96	185.23	235.19	282.50
78	154.79	187.39	238.09	285.89
79	155.73	188.44	239.61	287.62
80	155.74	188.37	239.74	287.63
81	157.58	190.52	242.77	291.13
82	158.01	190.94	243.65	291.98
83	157.06	189.61	242.33	290.17
84	154.68	186.55	238.84	285.72
85+	152.82	183.63	236.30	281.67

Catholic Order of Foresters
Premium Adjustment Factors
Attributable to Increasing Elimination Periods

Days in Elimination Period		
20	60	90
1.15	1.07	1.00

Catholic Order of Foresters
Nonforfeiture Benefit Rider (FCNFBR-PA)
Factors to Apply to Total Premium
(Premium for Base Policy and Any Other Riders)

Issue Age	Factor
18-44	25%
45-49	19%
50-55	17%
56-60	16%
61-65	15%
66-70	14%
71-75	13%
76-80	12%
>=81	11%

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	18.25	21.13	25.00	33.16
45-49	26.08	30.19	35.70	47.36
50	33.06	38.80	46.46	62.74
51	34.43	40.50	48.60	65.81
52	35.80	42.20	50.74	68.88
53	37.18	43.92	52.88	71.96
54	38.54	45.62	55.02	75.04
55	39.91	47.33	57.16	78.11
56	42.47	50.50	61.13	83.81
57	45.02	53.68	65.10	89.51
58	47.58	56.84	69.07	95.21
59	50.14	60.02	73.04	100.91
60	52.69	63.19	77.02	106.61
61	57.65	69.37	84.78	117.82
62	62.60	75.55	92.56	129.02
63	67.55	81.74	100.32	140.24
64	72.50	87.92	108.10	151.45
65	77.46	94.10	115.86	162.66
66	86.72	105.66	130.36	179.20
67	95.99	117.20	144.85	195.73
68	105.24	128.76	159.34	212.26
69	114.50	140.30	173.83	228.79
70	123.77	151.86	188.33	245.33
71	140.70	172.93	214.72	272.68
72	157.62	194.02	241.12	300.01
73	174.55	215.09	267.50	327.36
74	191.47	236.17	293.90	354.70
75	208.40	257.24	320.29	382.04
76	224.12	276.68	344.46	410.93
77	239.84	296.11	368.63	439.81
78	255.55	315.55	392.80	468.71
79	271.27	334.98	416.96	497.59
80	286.99	354.42	441.13	526.48
81	308.28	380.89	474.23	566.14
82	329.57	407.35	507.32	605.80
83	350.86	433.82	540.41	645.47
84	372.14	460.28	573.50	685.13
85+	393.43	486.76	606.60	724.79

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	21.67	25.15	30.00	41.64
45-49	30.96	35.93	42.86	59.48
50	39.65	46.55	56.14	79.18
51	41.26	48.53	58.62	82.90
52	42.86	50.51	61.10	86.60
53	44.48	52.50	63.59	90.32
54	46.09	54.48	66.07	94.03
55	47.70	56.46	68.56	97.75
56	50.64	60.08	73.09	104.51
57	53.58	63.70	77.62	111.26
58	56.53	67.32	82.15	118.03
59	59.47	70.93	86.68	124.79
60	62.41	74.56	91.21	131.54
61	67.97	81.44	99.85	144.53
62	73.54	88.33	108.49	157.50
63	79.09	95.21	117.14	170.48
64	84.66	102.10	125.78	183.46
65	90.22	108.98	134.42	196.44
66	100.51	121.73	150.40	215.21
67	110.81	134.47	166.37	233.99
68	121.10	147.20	182.35	252.76
69	131.40	159.95	198.32	271.54
70	141.70	172.69	214.30	290.30
71	162.44	198.34	246.40	321.11
72	183.18	223.98	278.50	351.91
73	203.93	249.61	310.61	382.73
74	224.66	275.26	342.71	413.53
75	245.41	300.90	374.81	444.34
76	263.00	322.55	401.74	476.36
77	280.61	344.18	428.66	508.40
78	298.20	365.83	455.60	540.43
79	315.80	387.47	482.53	572.47
80	333.40	409.12	509.46	604.50
81	357.68	439.13	546.97	649.20
82	381.98	469.13	584.48	693.89
83	406.27	499.14	621.98	738.59
84	430.57	529.14	659.50	783.28
85+	454.86	559.15	697.01	827.98

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	32.34	38.81	47.22	64.03
45-49	46.20	55.44	67.46	91.48
50	56.00	67.70	82.82	112.92
51	58.15	70.39	86.21	117.67
52	60.29	73.08	89.59	122.42
53	62.44	75.78	92.96	127.16
54	64.57	78.47	96.35	131.92
55	66.72	81.16	99.73	136.67
56	70.16	85.46	105.14	144.24
57	73.61	89.78	110.54	151.81
58	77.04	94.09	115.96	159.40
59	80.48	98.41	121.36	166.97
60	83.93	102.72	126.77	174.54
61	90.83	111.38	137.68	189.86
62	97.73	120.06	148.58	205.19
63	104.63	128.72	159.48	220.51
64	111.53	137.40	170.39	235.84
65	118.43	146.06	181.30	251.16
66	129.60	160.09	198.91	269.64
67	140.77	174.13	216.54	288.11
68	151.93	188.16	234.16	306.59
69	163.10	202.20	251.78	325.06
70	174.28	216.23	269.40	343.54
71	192.28	238.84	297.74	373.58
72	210.29	261.44	326.09	403.63
73	228.29	284.04	354.42	433.69
74	246.30	306.65	382.76	463.74
75	264.30	329.26	411.11	493.79
76	276.71	344.66	430.22	516.72
77	289.13	360.06	449.34	539.65
78	301.54	375.47	468.44	562.60
79	313.96	390.86	487.56	585.53
80	326.36	406.27	506.68	608.46
81	343.32	427.46	533.16	640.37
82	360.28	448.67	559.64	672.26
83	377.24	469.86	586.13	704.17
84	394.20	491.06	612.61	736.07
85+	411.16	512.26	639.10	767.98

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	42.23	50.41	61.70	88.96
45-49	60.32	72.01	88.15	127.08
50	73.75	88.51	108.80	157.87
51	76.43	91.82	112.97	164.11
52	79.12	95.15	117.12	170.35
53	81.79	98.46	121.28	176.59
54	84.48	101.78	125.44	182.83
55	87.16	105.10	129.60	189.07
56	91.38	110.32	136.14	198.86
57	95.60	115.54	142.68	208.64
58	99.84	120.74	149.21	218.44
59	104.06	125.96	155.75	228.22
60	108.29	131.18	162.29	238.01
61	116.52	141.38	175.10	257.27
62	124.75	151.58	187.92	276.54
63	132.97	161.80	200.72	295.80
64	141.20	172.00	213.54	315.07
65	149.44	182.20	226.36	334.33
66	162.72	198.65	247.00	357.20
67	175.99	215.10	267.62	380.06
68	189.28	231.55	288.26	402.94
69	202.55	248.00	308.89	425.80
70	215.83	264.46	329.53	448.67
71	242.09	296.95	370.24	485.56
72	268.34	329.44	410.95	522.46
73	294.59	361.93	451.66	559.34
74	320.84	394.42	492.37	596.24
75	347.10	426.91	533.08	633.13
76	362.15	445.40	556.06	660.46
77	377.18	463.90	579.02	687.79
78	392.23	482.40	602.00	715.12
79	407.27	500.89	624.97	742.45
80	422.32	519.38	647.95	769.78
81	443.88	546.00	681.22	809.40
82	465.44	572.63	714.47	849.02
83	487.02	599.24	747.73	888.64
84	508.58	625.87	780.98	928.26
85+	530.15	652.49	814.25	967.88

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	23.82	28.20	33.90	44.84
45-49	34.02	40.28	48.43	64.07
50	42.67	51.08	61.94	82.85
51	44.62	53.52	65.00	87.13
52	46.56	55.96	68.06	91.42
53	48.49	58.40	71.14	95.71
54	50.44	60.84	74.20	100.00
55	52.38	63.28	77.26	104.28
56	55.69	67.42	82.45	111.54
57	59.00	71.57	87.65	118.81
58	62.30	75.71	92.86	126.07
59	65.62	79.86	98.05	133.34
60	68.93	84.00	103.25	140.60
61	75.35	92.06	113.39	154.82
62	81.77	100.13	123.54	169.04
63	88.18	108.20	133.68	183.28
64	94.60	116.27	143.83	197.50
65	101.02	124.33	153.97	211.72
66	111.97	138.10	171.26	230.42
67	122.94	151.86	188.56	249.12
68	133.90	165.64	205.84	267.83
69	144.86	179.40	223.13	286.52
70	155.82	193.16	240.42	305.23
71	173.50	215.35	268.24	335.34
72	191.16	237.54	296.05	365.45
73	208.84	259.72	323.86	395.57
74	226.50	281.90	351.67	425.68
75	244.18	304.09	379.49	455.78
76	258.00	321.25	400.81	481.38
77	271.81	338.42	422.14	506.98
78	285.64	355.58	443.46	532.56
79	299.45	372.76	464.78	558.16
80	313.27	389.92	486.11	583.75
81	331.22	412.34	514.14	617.52
82	349.16	434.77	542.18	651.29
83	367.12	457.21	570.22	685.07
84	385.06	479.64	598.26	718.84
85+	403.01	502.07	626.29	752.60

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	32.11	37.96	46.08	65.57
45-49	45.88	54.22	65.82	93.67
50	58.10	69.23	84.58	121.62
51	60.59	72.30	88.43	127.38
52	63.07	75.36	92.28	133.15
53	65.57	78.43	96.12	138.91
54	68.05	81.49	99.97	144.68
55	70.54	84.56	103.82	150.44
56	74.65	89.64	110.18	159.95
57	78.77	94.70	116.53	169.45
58	82.87	99.78	122.89	178.97
59	86.99	104.84	129.24	188.47
60	91.10	109.92	135.60	197.98
61	98.83	119.50	147.62	216.05
62	106.56	129.07	159.65	234.12
63	114.28	138.65	171.67	252.18
64	122.00	148.22	183.70	270.25
65	129.73	157.80	195.72	288.32
66	142.81	174.00	216.04	311.52
67	155.88	190.20	236.35	334.73
68	168.96	206.39	256.66	357.92
69	182.03	222.59	276.97	381.13
70	195.11	238.79	297.29	404.33
71	220.80	270.58	337.12	441.34
72	246.49	302.36	376.94	478.36
73	272.17	334.15	416.76	515.36
74	297.86	365.94	456.59	552.38
75	323.56	397.73	496.42	589.39
76	340.25	418.27	521.96	619.79
77	356.95	438.82	547.51	650.18
78	373.64	459.35	573.07	680.59
79	390.35	479.89	598.62	710.99
80	407.04	500.44	624.17	741.38
81	429.76	528.48	659.21	783.13
82	452.46	556.52	694.25	824.88
83	475.18	584.57	729.30	866.64
84	497.88	612.61	764.34	908.39
85+	520.60	640.66	799.38	950.14

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	21.29	24.65	29.17	38.69
45-49	30.43	35.22	41.65	55.25
50	38.57	45.27	54.20	73.20
51	40.17	47.25	56.70	76.78
52	41.77	49.23	59.20	80.36
53	43.38	51.24	61.69	83.95
54	44.96	53.22	64.19	87.55
55	46.56	55.22	66.69	91.13
56	49.55	58.92	71.32	97.78
57	52.52	62.63	75.95	104.43
58	55.51	66.31	80.58	111.08
59	58.50	70.02	85.21	117.73
60	61.47	73.72	89.86	124.38
61	67.26	80.93	98.91	137.46
62	73.03	88.14	107.99	150.52
63	78.81	95.36	117.04	163.61
64	84.58	102.57	126.12	176.69
65	90.37	109.78	135.17	189.77
66	101.17	123.27	152.09	209.07
67	111.99	136.73	168.99	228.35
68	122.78	150.22	185.90	247.64
69	133.58	163.68	202.80	266.92
70	144.40	177.17	219.72	286.22
71	164.15	201.75	250.51	318.13
72	183.89	226.36	281.31	350.01
73	203.64	250.94	312.08	381.92
74	223.38	275.53	342.88	413.82
75	243.13	300.11	373.67	445.71
76	261.47	322.79	401.87	479.42
77	279.81	345.46	430.07	513.11
78	298.14	368.14	458.27	546.83
79	316.48	390.81	486.45	580.52
80	334.82	413.49	514.65	614.23
81	359.66	444.37	553.27	660.50
82	384.50	475.24	591.87	706.77
83	409.34	506.12	630.48	753.05
84	434.16	536.99	669.08	799.32
85+	459.00	567.89	707.70	845.59

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	25.28	29.34	35.00	48.58
45-49	36.12	41.92	50.00	69.39
50	46.26	54.31	65.50	92.38
51	48.14	56.62	68.39	96.72
52	50.00	58.93	71.28	101.03
53	51.89	61.25	74.19	105.37
54	53.77	63.56	77.08	109.70
55	55.65	65.87	79.99	114.04
56	59.08	70.09	85.27	121.93
57	62.51	74.32	90.56	129.80
58	65.95	78.54	95.84	137.70
59	69.38	82.75	101.13	145.59
60	72.81	86.99	106.41	153.46
61	79.30	95.01	116.49	168.62
62	85.80	103.05	126.57	183.75
63	92.27	111.08	136.66	198.89
64	98.77	119.12	146.74	214.04
65	105.26	127.14	156.82	229.18
66	117.26	142.02	175.47	251.08
67	129.28	156.88	194.10	272.99
68	141.28	171.73	212.74	294.89
69	153.30	186.61	231.37	316.80
70	165.32	201.47	250.02	338.68
71	189.51	231.40	287.47	374.63
72	213.71	261.31	324.92	410.56
73	237.92	291.21	362.38	446.52
74	262.10	321.14	399.83	482.45
75	286.31	351.05	437.28	518.40
76	306.83	376.31	468.70	555.75
77	327.38	401.54	500.10	593.13
78	347.90	426.80	531.53	630.50
79	368.43	452.05	562.95	667.88
80	388.97	477.31	594.37	705.25
81	417.29	512.32	638.13	757.40
82	445.64	547.32	681.89	809.54
83	473.98	582.33	725.64	861.69
84	502.33	617.33	769.42	913.83
85+	530.67	652.34	813.18	965.98

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	37.73	45.28	55.09	74.70
45-49	53.90	64.68	78.70	106.73
50	65.33	78.98	96.62	131.74
51	67.84	82.12	100.58	137.28
52	70.34	85.26	104.52	142.82
53	72.85	88.41	108.45	148.35
54	75.33	91.55	112.41	153.91
55	77.84	94.69	116.35	159.45
56	81.85	99.70	122.66	168.28
57	85.88	104.74	128.96	177.11
58	89.88	109.77	135.29	185.97
59	93.89	114.81	141.59	194.80
60	97.92	119.84	147.90	203.63
61	105.97	129.94	160.63	221.50
62	114.02	140.07	173.34	239.39
63	122.07	150.17	186.06	257.26
64	130.12	160.30	198.79	275.15
65	138.17	170.40	211.52	293.02
66	151.20	186.77	232.06	314.58
67	164.23	203.15	252.63	336.13
68	177.25	219.52	273.19	357.69
69	190.28	235.90	293.74	379.24
70	203.33	252.27	314.30	400.80
71	224.33	278.65	347.36	435.84
72	245.34	305.01	380.44	470.90
73	266.34	331.38	413.49	505.97
74	287.35	357.76	446.55	541.03
75	308.35	384.14	479.63	576.09
76	322.83	402.10	501.92	602.84
77	337.32	420.07	524.23	629.59
78	351.80	438.05	546.51	656.37
79	366.29	456.00	568.82	683.12
80	380.75	473.98	591.13	709.87
81	400.54	498.70	622.02	747.10
82	420.33	523.45	652.91	784.30
83	440.11	548.17	683.82	821.53
84	459.90	572.90	714.71	858.75
85+	479.69	597.64	745.62	895.98

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	49.27	58.81	71.98	103.79
45-49	70.37	84.01	102.84	148.26
50	86.04	103.26	126.93	184.18
51	89.17	107.12	131.80	191.46
52	92.31	111.01	136.64	198.74
53	95.42	114.87	141.49	206.02
54	98.56	118.74	146.35	213.30
55	101.69	122.62	151.20	220.58
56	106.61	128.71	158.83	232.00
57	111.53	134.80	166.46	243.41
58	116.48	140.86	174.08	254.85
59	121.40	146.95	181.71	266.26
60	126.34	153.04	189.34	277.68
61	135.94	164.94	204.28	300.15
62	145.54	176.84	219.24	322.63
63	155.13	188.77	234.17	345.10
64	164.73	200.67	249.13	367.58
65	174.35	212.57	264.09	390.05
66	189.84	231.76	288.17	416.73
67	205.32	250.95	312.22	443.40
68	220.83	270.14	336.30	470.10
69	236.31	289.33	360.37	496.77
70	251.80	308.54	384.45	523.45
71	282.44	346.44	431.95	566.49
72	313.06	384.35	479.44	609.54
73	343.69	422.25	526.94	652.56
74	374.31	460.16	574.43	695.61
75	404.95	498.06	621.93	738.65
76	422.51	519.63	648.74	770.54
77	440.04	541.22	675.52	802.42
78	457.60	562.80	702.33	834.31
79	475.15	584.37	729.13	866.19
80	492.71	605.94	755.94	898.08
81	517.86	637.00	794.76	944.30
82	543.01	668.07	833.55	990.52
83	568.19	699.11	872.35	1036.75
84	593.34	730.18	911.14	1082.97
85+	618.51	761.24	949.96	1129.19

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	27.79	32.90	39.55	52.31
45-49	39.69	46.99	56.50	74.75
50	49.78	59.59	72.26	96.66
51	52.06	62.44	75.83	101.65
52	54.32	65.29	79.40	106.66
53	56.57	68.13	83.00	111.66
54	58.85	70.98	86.57	116.67
55	61.11	73.83	90.14	121.66
56	64.97	78.66	96.19	130.13
57	68.83	83.50	102.26	138.61
58	72.68	88.33	108.34	147.08
59	76.56	93.17	114.39	155.56
60	80.42	98.00	120.46	164.03
61	87.91	107.40	132.29	180.62
62	95.40	116.82	144.13	197.21
63	102.88	126.23	155.96	213.83
64	110.37	135.65	167.80	230.42
65	117.86	145.05	179.63	247.01
66	130.63	161.12	199.80	268.82
67	143.43	177.17	219.99	290.64
68	156.22	193.25	240.15	312.47
69	169.00	209.30	260.32	334.27
70	181.79	225.35	280.49	356.10
71	202.42	251.24	312.95	391.23
72	223.02	277.13	345.39	426.36
73	243.65	303.01	377.84	461.50
74	264.25	328.88	410.28	496.63
75	284.88	354.77	442.74	531.74
76	301.00	374.79	467.61	561.61
77	317.11	394.82	492.50	591.48
78	333.25	414.84	517.37	621.32
79	349.36	434.89	542.24	651.19
80	365.48	454.91	567.13	681.04
81	386.42	481.06	599.83	720.44
82	407.35	507.23	632.54	759.84
83	428.31	533.41	665.26	799.25
84	449.24	559.58	697.97	838.65
85+	470.18	585.75	730.67	878.03

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	37.46	44.29	53.76	76.50
45-49	53.53	63.26	76.79	109.28
50	67.78	80.77	98.68	141.89
51	70.69	84.35	103.17	148.61
52	73.58	87.92	107.66	155.34
53	76.50	91.50	112.14	162.06
54	79.39	95.07	116.63	168.79
55	82.30	98.65	121.12	175.51
56	87.09	104.58	128.54	186.61
57	91.90	110.48	135.95	197.69
58	96.68	116.41	143.37	208.80
59	101.49	122.31	150.78	219.88
60	106.28	128.24	158.20	230.98
61	115.30	139.42	172.22	252.06
62	124.32	150.58	186.26	273.14
63	133.33	161.76	200.28	294.21
64	142.33	172.92	214.32	315.29
65	151.35	184.10	228.34	336.37
66	166.61	203.00	252.05	363.44
67	181.86	221.90	275.74	390.52
68	197.12	240.79	299.44	417.57
69	212.37	259.69	323.13	444.65
70	227.63	278.59	346.84	471.72
71	257.60	315.68	393.31	514.90
72	287.57	352.75	439.76	558.09
73	317.53	389.84	486.22	601.25
74	347.50	426.93	532.69	644.44
75	377.49	464.02	579.16	687.62
76	396.96	487.98	608.95	723.09
77	416.44	511.96	638.76	758.54
78	435.91	535.91	668.58	794.02
79	455.41	559.87	698.39	829.49
80	474.88	583.85	728.20	864.94
81	501.39	616.56	769.08	913.65
82	527.87	649.27	809.96	962.36
83	554.38	682.00	850.85	1011.08
84	580.86	714.71	891.73	1059.79
85+	607.37	747.44	932.61	1108.50

Policy Form Number FCLTC-PA 2000

Premium Adjustment Factors Attributable
to Increasing Elimination Periods

Days in Elimination Period			
<u>20</u>	<u>60</u>	<u>90</u>	<u>180</u>
1.15	1.07	1.00	0.90

Policy Form Number FCLTC-PA 2000

Premium Adjustment Factors Attributable to Optional Riders

Issue Age	FCSWP 2000 Spousal Waiver of Premium	FCSSP 2000 Survivor Spouse Paid-Up	FCROP 2000 Return of Premium	FCNFBR 2000 Nonforfeiture Benefit
18-39	0.01	0.12	1.08	1.20
40-49	0.01	0.12	1.08	1.19
50-54	0.01	0.12	1.08	1.17
55	0.02	0.12	1.12	1.17
56-59	0.02	0.11	1.12	1.17
60-64	0.02	0.11	1.12	1.15
65	0.03	0.11	1.14	1.15
66-69	0.03	0.09	1.14	1.15
70	0.04	0.07	1.15	1.13
71	0.04	0.07	1.18	1.13
72	0.04	0.07	1.21	1.13
73	0.04	0.07	1.23	1.13
74	0.04	0.07	1.26	1.13
75	0.06	0.06	1.29	1.13
76	0.06	0.06	1.31	1.13
77	0.06	0.06	1.34	1.13
78	0.06	0.06	1.36	1.13
79	0.06	0.06	1.39	1.13
>=80	0.11	0.04	1.41	1.11

Discounts

Spousal Discount	15%
Preferred Discount	10%

Benefit Period	FCROB 2000 Restoration of Benefit	FCSSB 2000 Spousal Shared Benefit
2 Years	1.08	N/A
3 Years	1.05	0.12
5 Years	1.04	0.08
Lifetime	N/A	N/A

Premium Calculation Example

$$A = \begin{array}{l} \text{Annual Base Premium} \\ \text{Base Premium based upon possible choice of:} \\ \text{Home Health Care Increase Rider and/or} \\ \text{Simple Inflation Protection Rider and/or} \\ \text{Compound Inflation Protection Rider} \\ * \\ \text{Elimination Period Factor} \end{array}$$

$$B = \begin{array}{l} A * \text{Survivor Spouse Paid-Up Factor} \\ \text{(if chosen by Insured)} \\ + \\ A * \text{Spousal Shared Benefit Factor} \\ \text{(if chosen by Insured)} \\ + \\ A * \text{Spousal Waiver of Premium Factor} \\ \text{(if chosen by Insured)} \end{array}$$

$$C = \begin{array}{l} (A + B) * \text{Restoration of Benefit Factor} \\ \text{(if chosen by Insured)} \\ * \\ \text{Nonforfeiture Benefit Factor or} \\ \text{Return of Premium Factor} \\ \text{(if chosen by Insured)} \end{array}$$

$$C = \text{Total Gross Premium}$$

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/		

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	Cover Letter - Gen 1 and Gen 2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	This is not a new form filing, it is a rate increase filing on a closed block of business. These policies are no longer being sold in any jurisdiction.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	Also attached here are the experience exhibits in Excel.
Attachment(s):	Actuarial Memorandum - Gen 1 and Gen 2 - PA.pdf Experience. Exhibits - Gen 12 PA.xls
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	This is a rate increase filing on a closed block of business. These policies are no longer being sold in any jurisdiction.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Authorization to File (A&H)
Comments:	
Attachment(s):	AuthorizationForFiling_signedByTDR.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	This filing contains no insert pages.
Attachment(s):	

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/		

Item Status:	
Status Date:	
Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	This is not a new form filing. Revised rates are included in the Rate/Rule Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	This filing contains no changes to approved forms.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	We do not believe this rate increase is substantial
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	This is not a form filing,
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	COF_LTCL_RateIncreaseLetter Sample - GN.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	UHAS-131210905	State Tracking #:	UHAS-131210905	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Inc 2017 - Gen 1 and 2/				

Attachment Experience. Exhibits - Gen 12 PA.xls is not a PDF document and cannot be reproduced here.

November 16, 2017

Jessica Altman
Acting Commissioner
Insurance Department
Commonwealth of Pennsylvania
1326 Strawberry Square, 13th Floor
Harrisburg, Pennsylvania 17120

RE: Catholic Order of Foresters
NAIC # 57487
SERFF Tracking # UHAS-131210905
Policy Forms: FCNH, FCLTC and FCLTC 2000
Number of Policyholders Affected: 10 (7 issued on or after 9/16/2002, 3 issued prior)
Requested 16.67% Rate Increase

Dear Commissioner Altman:

This referenced rate increase is being submitted on behalf of Catholic Order of Foresters for your review. This filing is also intended to satisfy the requirement to present actual and projected experience for year one of the required three years following implementation of the latest rate increase.

Proposed Rate Increase

This form is an existing individual policy form providing comprehensive long-term care coverage. This policy form was issued from 1998 through 2004 and is no longer being marketed in any jurisdiction. Please find attached actuarial documents to support and request a 16.67% rate increase on the referenced policy form and attendant riders. The rate increase is needed to offset higher-than-expected lifetime loss ratios caused by higher-than-expected persistency. The company requested a 40% level rate increase in a prior rate filing (SERFF Filing # UHAS-130647687) and received approval for a 20% increase on 11/9/2016. This filing is a follow-up to request the remaining 16.67% of the originally requested 40% rate increase. All assumptions in this filing are consistent with the prior rate filing.

The rate increase is proposed to be effective as soon as possible subject to regulatory approval and fulfillment of all statutory and contractual obligations. The rate increase will apply to inforce policies only, as these policy forms are no longer being marketed.

As a fraternal organization, Catholic Order of Foresters is very concerned for their policyholders, and as a result they will be offering benefit reductions along with the premium rate increase notifications letters. The benefit reduction offers will reduce or completely offset the effect of the approved premium rate increase. In addition, subsequent to the prior rate filing, Catholic Order of Foresters provided a contingent nonforfeiture benefit to policyholders even though these policies were issued prior to this being a required benefit. Catholic Order of Foresters has an existing Contingent Benefit Upon Lapse Endorsement (form FCCBL 2002) that was approved for use with the company's form FCLTC 2002, and this endorsement was added to all policies impacted by the prior referenced premium rate increase except for those that purchased the nonforfeiture benefit that was offered at the time of issue.

Rate Stability Experience Filing

The projection presented in the actuarial memorandum represents year one of the required three years of reporting following implementation of the latest rate increase. The filing approved on 11/9/2016 was based on data through 2015. The attached Rate Stability Exhibit shows the projected values for 2016 from the latest approved rate increase filing using nationwide data and compares them to the actual results through 12/31/2016. Note that the actual approved rate increase had a delay in implementation from the originally projected effective date, and is also lower than the originally filed increase. With relatively few policies nationwide, fluctuations in experience are likely.

In my opinion, this continues to demonstrate the rate increase was justified. The justification for the rate increase was based on high persistency. The actual lapse rate deviates from the original pricing assumptions and exceed the moderately adverse conditions for lapses, as well as the moderately adverse condition for mortality (more than a 10% decrease in each).

I hereby certify that I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries for making this statement of actuarial opinion.

If you have any comments or questions, please contact me by telephone (605-271-4714) or email (cheitkamp@uhasinc.com).

Sincerely,



Clark A. Heitkamp, FSA, MAAA, LTCP
Senior Consulting Actuary

Rate Stability Exhibit

Nationwide Experience
FCNH, FCLTC, FCLTC 2000
Filed Projections by Incurral Year

Calendar Year	Life Years	With No Rate Increase			With Proposed 40% Rate Increase Effective 10/1/2016		
		Premium	Incurred	Incurred	Premium	Inc Clms	Incurred
			Claims	Loss Ratio			Loss Ratio
2016	755	852,340	912,195	107.0%	862,792	912,293	105.7%

Nationwide Experience
FCNH, FCLTC, FCLTC 2000
2016 Actual Experience by Incurral Year

Calendar Year	Life Years	With Actual 20% Rate Increase Approved*		
		Premium	Incurred	Incurred
			Claims	Loss Ratio
2016	757	866,000	1,278,302	147.6%

*Approved rate increase was not yet implemented
in 2016

Catholic Order of Foresters

Actuarial Memorandum

Rate Increase for Individual Long Term Care Policy Forms FCNH, FCLTC, and FCLTC 2000

1. Scope and Purpose of Filing

The purpose of this rate filing is to request a revision on the above-referenced policy forms and any associated riders (please see Exhibit A for a list of riders) and to demonstrate that, after the requested rate increase, applicable loss ratio requirements are met. It is not intended to be used for any other purpose.

The filing applies to existing policyholders only, as this is a closed block of business. The rate increase is needed in order to offset the higher-than-expected lifetime loss ratios caused by higher-than-expected policyholder persistency.

2. Requested Rate Action

The company is requesting a level rate increase of 16.67% on all forms and riders. The company requested a 40% level rate increase in a prior rate filing (SERFF Filing # UHAS-130647687) and received approval for a 20% increase on 11/9/2016. This filing is a follow-up to request the remaining 16.67% of the originally requested 40% rate increase. All assumptions in this filing are consistent with the prior rate filing.

3. Status

The policy forms affected represent a closed block of business. The company is no longer selling long-term care insurance, so there are no new business rates with which to compare the revised rates.

4. Description of Benefits

All plans are intended to be tax-qualified, and benefits become payable when the insured either requires substantial assistance with at least 2 of 6 ADLs (bathing, dressing, continence, eating, toileting and transferring) for 90 days or requires substantial supervision due to severe cognitive impairment.

FCNH

The base plan is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times the benefit period in days. The insured is provided with the services of a quality care coordinator, who evaluates the insured's functional abilities, prepares a Plan of Care, and coordinates the care to be received. An insured who qualifies for benefits is eligible to receive any nursing home or assisted living facility services that are included in the Plan of Care developed by the quality care coordinator. A 21-day per year nursing home bed reservation benefit could be included in the Plan of Care, or hospice care could be provided. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits. This policy also includes a rate stabilization benefit.

Optional rider FCIPR increases the daily maximum and the maximum policy benefit by 5%, compounded annually, on each policy anniversary.

Optional rider FCNFBR provides, after 3 years inforce, the cumulative premiums paid to be available upon lapse to continue coverage for a shortened benefit period (SBP). The SBP (in days) is calculated as the cumulative premiums paid divided by the nursing home daily maximum, subject to a minimum of 30 days

FCLTC

The base plan covers nursing home, assisted living, and hospice care up to the daily benefit and home health care and adult day care up to half of the daily benefit. It is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times the benefit period in days. The insured is provided with the services of a quality care coordinator, who evaluates the insured's functional abilities, prepares a Plan of Care, and coordinates the care to be received. An insured who qualifies for benefits is eligible to receive all long term care services that are included in the Plan of Care developed by the quality care coordinator. This could include nursing home care, assisted living facility care, home health care or adult day care. A 21-day per year nursing home bed reservation benefit could be included in the Plan of Care, or hospice care could be provided. Respite care could be provided, up to 21 days per year. Other alternate services could be included, if agreed to by all parties. There is also a "caregiver training benefit" to pay for the costs of an informal caregiver in receiving training, thus making formal long term care services unnecessary. This benefit is subject to a \$500 lifetime maximum. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits.

Optional rider FCHHIR doubles the maximum daily benefit payable for home health care and adult day care.

Optional rider FCIPR increases the daily maximum and the maximum policy benefit by 5%, compounded annually, on each policy anniversary.

Optional rider FCNFBR provides, after 3 years inforce, the cumulative premiums paid to be available upon lapse to continue coverage for a shortened benefit period (SBP). The SBP (in days) is calculated as the cumulative premiums paid divided by the nursing home daily maximum, subject to a minimum of 30 days

FCLTC 2000

The base plan covers long-term facility care, assisted living facility care, and care in a hospital long term care unit up to the daily benefit amount and home health care and adult day care up to half of the daily benefit. There is an alternative care benefit that covers expenses incurred as agreed upon by the insured and the Order, a caregiver training benefit that covers expenses incurred up to \$500 over the life of the policy, and a respite care benefit equal to the expenses incurred up to 21 times the daily benefit amount per calendar year. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits.

Optional rider FCHHIR 2000 doubles the maximum daily benefit payable for home health care and adult day care.

Optional rider FCCIP 2000 increases the daily benefit amount and unused policy maximum by 5%, compounded annually, on each policy anniversary.

Optional rider FCSIP 2000 increases the daily benefit amount and unused policy maximum by 5% of the original amount on each policy anniversary.

Optional rider FCGPIP 2000 gives the insured the option to purchase additional coverage in order to increase the daily benefit and policy maximum amounts by an amount based on the CPI for medical expenses every 2 years (as long as the insured is not receiving benefits and has not declined two consecutive offers).

Optional rider FCNFBR 2000 provides continued coverage with a shortened benefit period and no further inflation increases for policies that lapse after 3 years.

Optional rider FCROP 2000 returns a percentage of the total premiums paid, less any benefits paid, with the percentage based upon the number of years the policy has been in force.

Optional rider FCROB 2000 restores the policy maximum to the Initial Policy Maximum if the policyholder has not received Qualified Long-Term Care services for at least 180 consecutive days; is not eligible for benefits, and is not receiving benefits. The policy maximum may be restored an unlimited number of times.

Optional rider FCSSB 2000 allows spouses who are both covered under FCLTC 2000 policies with the same benefits to combine their maximum lifetime benefits so that the first spouse to exhaust benefits under one policy may then start using benefits under the second spouse's policy.

Optional rider FCSWP 2000 provides for the policyholder's spouse (who is also covered under an FCLTC 2000 policy) to have their premium waived while the policyholder is confined to a Long-Term Care Facility or Assisted Living Facility, beginning after at least 90 days of confinement.

Optional rider FCSSP 2000 provides for the insured's policy to become paid-up upon the death of their spouse (who was also covered under an FCLTC 2000 policy), provided both policies were in force for at least 10 years.

5. Renewability Clause

The policy forms are guaranteed renewable for the life of the policyholder.

6. Applicability

The premium increase contained in this memorandum will be applicable to all insureds of the policy forms and riders described in Section 4 and, since this is a closed block, the rate increase will apply only to existing policyholders.

7. Morbidity

The morbidity assumptions used in the actuarial analysis and the attached projection exhibits are based on a review of the historical claim experience combined with industry data, and the experience of the entire company's long-term care block was combined for credibility purposes. This morbidity study shows results consistent with the original pricing assumptions, and therefore original morbidity assumptions are used for projected claims. The projected claims were produced by a first principles model, using industry-based incidence, continuance, and salvage assumptions with adjustments made to replicate the original morbidity assumptions. These original morbidity assumptions continue to reflect the company's current best estimate of future morbidity and are consistent with the gross premium valuation testing.

8. Mortality

Future projections are based on the assumed mortality per the Annuity 2000 table, adjusted by 90% for active lives and 200% for disabled lives.

9. Persistency

The assumed persistency is the sum of the following:

- Non-death (voluntary lapse and benefit exhaustion) termination; and,
- Death rates, as described in Section 8.

A total termination study was completed by comparing the difference between the actual total termination rates observed on the policy forms and the assumed mortality described in the previous section. The resulting difference was then attributed to the voluntary lapses and, based on this analysis, future projections are based on an assumed voluntary lapse rate of 0.5% for all future years. Please see section 23 for the results of this experience study. The result of this assumption development process is that the assumed total terminations reflect the actual experienced total termination rates. No additional shock lapses or anti-selection factors were assumed as a result of the proposed rate increase.

10. Expenses

This filing does not include projected expenses, nor is any part of the requested rate increase intended to cover greater-than-expected expenses.

11. Marketing Method

The referenced policy forms were marketed to individuals by licensed agents.

12. Underwriting

All policies subject to the requested rate increase were subject to full medical underwriting in accordance with company standards in place at the time of issue. Since Catholic Order of Foresters has not sold long-term care since 2005, all inforce policies are now past the initial select period, so no further underwriting wear-off is reflected in the projections.

13. Premium Classes

Premiums vary by benefit period, elimination period, optional rider selection, state of issue, premium mode, risk class, and the issue age of the policyholder. Discounts were available for

certain members of the clergy, members of associations that negotiated a discount with the company, and individuals whose spouse also purchased a policy.

14. Issue Age Range

Policy forms FCLTC and FCLTC 2000 were available to individuals at ages 45-84, while policy form FCNH was available to individuals at ages 18-84. Premiums are based on the policyholder's age at issue.

15. Area Factors

Premiums do not vary within a state by geographic region.

16. Average Annual Premium

Please see Exhibit B for statewide and nationwide average annualized premium as of 12/31/2016.

17. Premium Modalization Rules

The filed premiums are multiplied by the modal factors shown below in order to create modal billed premiums.

<u>Billing Mode</u>	<u>Factor</u>
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2650
Monthly PAC on FCLTC 2000	0.0865
Monthly PAC on all other forms	0.0875

18. Trend Assumptions – Medical and Insurance

Benefits are capped by the daily benefit limit, and daily benefit limits are generally below the daily charge amounts. Consequently, we have assumed no medical trend in the attached projections.

19. Minimum Required Loss Ratio for the Forms

Where applicable, the minimum loss ratio for the referenced policy forms is 60%.

20. Anticipated Loss Ratio

The anticipated loss ratio after the proposed premium rate increase shown in Section 24 meets the applicable requirement.

21. Distribution of Business

Please see Exhibit C for the distribution of in force business by premium class.

22. Contingency and Risk Margins

The revised premium rates do not contain an explicit margin for contingency.

23. Experience on the Forms (Past and Future Anticipated)

Please see Exhibit D for the historical and projected future experience.

For credibility purposes, the historical nationwide experience was combined. Incurred claims reflect claims incurred and the claim reserve as of 12/31/2016, with both payments and reserves discounted back to the year of incurral using the valuation interest rate. No additional reserves were incorporated in this rate increase as a result of the contingent benefit upon lapse which is being offered to all policyholders. Although this benefit will be available, a review of administration and claims processing would not be meaningful, as the rate increase is necessitated by higher-than-expected persistency, rather than morbidity. Please note that collected premiums were used as estimates for the historical earned premiums.

An interest rate of 6.61% was used to accumulate the historical experience and discount the future experience to 12/31/2016. This is based on the original pricing interest rates.

The following table shows the results of the total termination study for policy durations five and later. As described in Section 9, a total termination study was completed by comparing the difference between the actual total termination rates observed on the policy forms through 12/31/2015 and the assumed mortality. The resulting difference was then attributed to the voluntary lapses, which was 0.18%. Because of the low level of total terminations, a slightly higher lapse rate of 0.50% was assumed than the actual lapse rate, and the 0.50% lapse rate is used for this premium rate increase filing and the projections accompanying this filing.

12/31/2015 Lapse Experience Analysis for Policy Durations 5+				
Original Lapse Assumption	Actual Lapse	Actual-to-Original Lapse	Revised Lapse Assumption	Actual-to-Revised Lapse
1% - 4%	0.18%	5% - 18%	0.50%	36%

This deviation from the original pricing assumptions exceeds the moderately adverse condition for lapses, as well as the moderately adverse condition for mortality (more than a 10% decrease in each).

24. Lifetime Loss Ratio

Exhibit D details the historical and projected future experience. The following summarizes the lifetime loss ratio calculation detailed in the exhibit:

Assuming 16.67% Rate Increase

	<u>Present Values at 6.61%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	27,033,009	8,084,477	29.9%
Projected	8,627,216	23,840,167	276.3%
Total	35,660,226	31,924,644	89.5%

Assuming NO Rate Increase

	<u>Present Values at 6.61%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	27,033,009	8,084,477	29.9%
Projected	7,592,544	23,654,355	311.5%
Total	34,625,554	31,738,833	91.7%

Exhibit D also shows that experience with the proposed rate increase meets the 58/85 test using present values at the valuation interest rate (4.5%):

Assuming 16.67% Rate Increase

	<u>Present Values at 4.5%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	22,430,655	7,457,921	33.2%
Projected	9,921,120	31,265,963	315.1%
Total	32,351,775	38,723,884	119.7%

Assuming NO Rate Increase

	<u>Present Values at 4.5%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	22,430,655	7,457,921	33.2%
Projected	8,705,068	31,011,093	356.2%
Total	31,135,723	38,469,015	123.6%

58/85 Test

$$\begin{aligned} &58\% \times 29,765,104 = 17,263,760 \\ &32,351,775 - 29,765,104 = 2,586,671 \\ &85\% \times 2,586,671 = 2,198,671 \\ &17,263,760 + 2,198,671 = 19,462,431 \\ &38,723,884 > 19,462,431 \end{aligned}$$

60/85 Test

$$60\% \times 29,765,104 = 17,859,062$$

$$32,351,775 - 29,765,104 = 2,586,671$$

$$85\% \times 2,586,671 = 2,198,671$$

$$17,859,062 + 2,198,671 = 20,057,733$$

$$38,723,884 > 20,057,733$$

25. History of Rate Adjustments

<u>Approval Date</u>	<u>Rate Increase</u>
1/18/2000	Complete repricing of FCLTC
11/9/2016	20%

26. Number of Policyholders

Please see Exhibit B for the statewide and nationwide policy counts as of 12/31/2016.

27. Proposed Effective Date

Following department approval, the requested rate increase will be implemented as soon as possible after the required notice period. The projections assume an implementation date of 2/1/2018.

28. Data Reliance and Data Quality

All referenced analyses and projections were performed by me or under my direction. In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied on data provided to me by Catholic Order of Foresters. I reviewed the data for reasonableness and consistency, but I did not perform a detailed audit of the data. Based on my review of the data, the data are appropriate for the purpose used, and to the best of my knowledge the data contain no material data quality issues.

29. Actuarial Certification

I hereby certify that I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries for making the following statement of actuarial opinion.

To the best of my knowledge and judgment, the following are true with respect to this filing:

- The rate filing is in compliance with the applicable laws and regulations of the State of Pennsylvania, including 89a.118.
- It complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 “Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits,” No. 18 “Long-Term Care Insurance,” and No. 23 “Data Quality.”
- The assumptions made represent my best judgment as to the expected value for each assumption and are consistent with the company’s business plan at the time of filing.
- The anticipated lifetime loss ratio exceeds the applicable required loss ratio.
- Since, on a nationwide basis, the percentage of this block to which rate stability applies is small and the company does not want to file a large increase, I cannot certify the proposed rates to be reasonable in relationship to the benefits or sustainable over the life of the form with no future premium increases or that they would be sufficient to cover anticipated costs under the following moderately adverse conditions:
 - Gender – up to 66% females (currently at 54%)
 - Mortality – a 10% decrease
 - Morbidity – a 5% increase
 - Voluntary Lapses – a 10% decrease



Clark A. Heitkamp, FSA, MAAA, LTCP
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November 16, 2017
Date

Attachments:Exhibits

Exhibit A:	List of Associated Riders
Exhibit B:	In Force Counts and Annualized Premium
Exhibit C:	Distribution of In Force Policies
Exhibit D:	Historical and Projected Experience (Nationwide and Pennsylvania)

Premium Rate Sheets

FCNH	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)
FCLTC	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)
FCLTC 2000	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)

Catholic Order of Foresters

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Exhibit A

List of Associated Riders

FCNH Riders

FCIPR	Optional Inflation Rider
FCNFBR	Optional Non-Forfeiture Rider

FCLTC Riders

FCHHIR	Optional Home Health Care Rider
FCIPR	Optional Inflation Rider
FCNFBR	Optional Non-Forfeiture Rider

FCLTC 2000 Riders

FCHHIR 2000	Home Health Care Increase Rider
FCCIP 2000	5% Compound Inflation Protection Rider
FCSIP 2000	5% Simple Inflation Protection Rider
FCGPIP 2000	Guaranteed Purchase Inflation Rider
FCNFBR 2000	Nonforfeiture Benefit Rider
FCROP 2000	Return of Premium Rider
FCROB 2000	Restoration of Benefits Rider
FCSSB 2000	Spousal Shared Benefit Rider
FCSWP 2000	Spousal Waiver of Premium Rider
FCSSP 2000	Survivor Spouse Paid-Up Rider

Catholic Order of Foresters
Exhibit B
In Force Counts and Annualized Premium

1

In Force Data as of 12/31/2016

			Average Annualized Premium		
					After Proposed 16.67% Increase
	Annualized Premium*	Policies in Force	Current	After Approved 20% Increase	
PA	FCNH	758	1	758	909
	FCLTC	1,820	2	910	1,092
	<u>FCLTC 2000</u>	<u>10,861</u>	<u>7</u>	<u>1,552</u>	<u>1,862</u>
	Total	13,439	10	1,344	1,613
Nationwide	FCNH	26,641	28	951	1,142
	FCLTC	102,326	98	1,044	1,253
	<u>FCLTC 2000</u>	<u>730,077</u>	<u>621</u>	<u>1,176</u>	<u>1,411</u>
	Total	859,043	747	1,150	1,380

* The prior rate increase was not be implemented by 12/31/2016

Catholic Order of Foresters
Exhibit C
Distribution of In Force Policies

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Distribution of Policies In Force Nationwide as of 12/31/2016
FCNH, FCLTC, FCLTC 2000

Issue Age	Dist	Issue Age	Dist	Benefit Period	Dist	Discount	Pols With
29	0.1%	58	4.7%	2 Years	4.7%	Association	19.9%
30	0.0%	59	3.9%	3 Years	27.6%	Clergy	4.3%
31	0.0%	60	4.7%	5 Years	44.8%	Spousal	79.5%
32	0.0%	61	4.4%	<u>Lifetime</u>	<u>22.9%</u>		
33	0.0%	62	4.3%	Total	100.0%		
34	0.1%	63	3.1%				
35	0.1%	64	6.0%	Elimination Period	Dist		
36	0.0%	65	5.2%	20 Day	15.9%		
37	0.0%	66	3.3%	60 Day	12.2%		
38	0.1%	67	3.3%	90 Day	69.9%		
39	0.3%	68	2.5%	<u>180 Day</u>	<u>2.0%</u>		
40	0.4%	69	2.5%	Total	100.0%		
41	0.5%	70	1.5%				
42	0.3%	71	1.2%	Premium Mode	Dist		
43	0.3%	72	1.1%	Annual	54.9%		
44	1.2%	73	1.1%	Semi-Annual	5.9%		
45	0.4%	74	0.4%	Quarterly	8.2%		
46	1.3%	75	0.1%	<u>Monthly</u>	<u>31.1%</u>		
47	0.9%	76	0.4%	Total	100.0%		
48	2.7%	77	0.1%				
49	4.1%	78	0.3%	Risk Class	Dist		
50	2.3%	79	0.1%	Preferred	68.9%		
51	3.3%	80	0.3%	Standard	30.8%		
52	2.8%	81	0.0%	Substandard I	0.1%		
53	4.0%	82	0.1%	<u>Substandard II</u>	<u>0.1%</u>		
54	5.2%	83	0.0%	Total	100.0%		
55	5.4%	84	0.0%				
56	5.0%	85	0.0%	Optional Rider	Pols With		
57	4.3%			HHC Increase	47.5%		
		Total	100.0%	5% Compound Inflation	50.7%		
				5% Simple Inflation	15.9%		
				Guaranteed Purchase Inflation	33.3%		
				Nonforfeiture Benefit	0.7%		
				Return of Premium	39.0%		
				Restoration of Benefits	9.5%		
				Spousal Shared Benefit	20.5%		
				Spousal Waiver of Premium	17.9%		
				Survivor Spouse Paid-Up	7.0%		

Catholic Order of Foresters
Exhibit D
Historical and Projected Experience

FCNH, FCLTC, FCLTC 2000

Calendar Year	Life Years	With No Rate Increase						With Proposed 16.67% Rate Increase Effective 2/1/2018					
		Premium*	By Incurral Year				Incurred Loss Ratio	Premium*	By Incurral Year				Incurred Loss Ratio
			Pd Clms	Clim Res	Inc Clms	Loss Ratio			Pd Clms	Clim Res	Inc Clms	Loss Ratio	
1998	7	26,884	0	0	0	0.0%		26,884	0	0	0	0.0%	
1999	65	116,684	0	0	0	0.0%		116,684	0	0	0	0.0%	
2000	169	280,636	0	0	0	0.0%		280,636	0	0	0	0.0%	
2001	368	520,048	0	0	0	0.0%		520,048	0	0	0	0.0%	
2002	595	829,398	0	0	0	0.0%		829,398	0	0	0	0.0%	
2003	831	1,043,188	80,503	0	80,503	7.7%		1,043,188	80,503	0	80,503	7.7%	
2004	915	1,074,557	0	0	0	0.0%		1,074,557	0	0	0	0.0%	
2005	902	1,065,845	160,105	0	160,105	15.0%		1,065,845	160,105	0	160,105	15.0%	
2006	886	1,025,325	116,866	0	116,866	11.4%		1,025,325	116,866	0	116,866	11.4%	
2007	870	1,010,652	85,999	0	85,999	8.5%		1,010,652	85,999	0	85,999	8.5%	
2008	857	993,656	144,352	0	144,352	14.5%		993,656	144,352	0	144,352	14.5%	
2009	845	955,914	180,597	0	180,597	18.9%		955,914	180,597	0	180,597	18.9%	
2010	832	955,064	391,451	0	391,451	41.0%		955,064	391,451	0	391,451	41.0%	
2011	819	953,319	363,142	148,342	511,484	53.7%		953,319	363,142	148,342	511,484	53.7%	
2012	810	922,435	352,939	0	352,939	38.3%		922,435	352,939	0	352,939	38.3%	
2013	799	903,082	552,847	298,792	851,639	94.3%		903,082	552,847	298,792	851,639	94.3%	
2014	788	892,958	383,405	355,488	738,893	82.7%		892,958	383,405	355,488	738,893	82.7%	
2015	775	874,661	512,199	930,508	1,442,707	164.9%		874,661	512,199	930,508	1,442,707	164.9%	
2016	757	866,000	139,534	1,138,768	1,278,302	147.6%		866,000	139,534	1,138,768	1,278,302	147.6%	
2017	736	899,317			897,499	99.8%		899,317			897,499	99.8%	
2018	713	951,937			992,066	104.2%		1,016,662			992,885	97.7%	
2019	687	907,398			1,101,346	121.4%		1,058,136			1,103,916	104.3%	
2020	662	860,312			1,228,477	142.8%		1,003,726			1,232,941	122.8%	
2021	636	812,782			1,338,705	164.7%		948,273			1,345,182	141.9%	
2022	608	765,016			1,455,469	190.3%		892,544			1,464,032	164.0%	
2023	580	717,837			1,578,853	219.9%		837,501			1,589,547	189.8%	
2024	552	669,602			1,692,358	252.7%		781,224			1,705,177	218.3%	
2025	523	622,535			1,821,505	292.6%		726,310			1,836,393	252.8%	
2026	493	576,212			1,922,516	333.6%		672,266			1,939,380	288.5%	
2027	464	530,833			2,024,300	381.3%		619,322			2,042,997	329.9%	
2028	435	486,724			2,139,712	439.6%		567,861			2,160,070	380.4%	
2029	406	444,055			2,235,248	503.4%		518,079			2,257,040	435.7%	
2030	378	403,202			2,303,381	571.3%		470,415			2,326,354	494.5%	
2031	349	364,228			2,357,490	647.3%		424,945			2,381,380	560.4%	
2032	321	327,238			2,415,336	738.1%		381,788			2,439,870	639.1%	
2033	295	292,400			2,477,807	847.4%		341,144			2,502,721	733.6%	
2034	269	259,803			2,480,546	954.8%		303,112			2,505,573	826.6%	
2035	244	229,573			2,469,987	1075.9%		267,843			2,494,874	931.5%	
2036	220	201,743			2,414,755	1196.9%		235,374			2,439,262	1036.3%	
2037	198	176,259			2,372,889	1346.3%		205,642			2,396,803	1165.5%	
2038	177	153,020			2,326,110	1520.1%		178,529			2,349,231	1315.9%	
2039	156	131,927			2,220,585	1683.2%		153,919			2,242,717	1457.1%	
2040	138	112,986			2,116,633	1873.4%		131,821			2,137,620	1621.6%	
2041	121	96,127			1,990,874	2071.1%		112,151			2,010,581	1792.7%	
2042	106	81,285			1,855,764	2283.0%		94,836			1,874,095	1976.1%	
2043	91	68,252			1,724,214	2526.2%		79,630			1,741,102	2186.5%	
2044	79	56,936			1,558,707	2737.6%		66,427			1,574,104	2369.7%	
2045	67	47,227			1,419,394	3005.5%		55,100			1,433,291	2601.3%	
2046	57	38,938			1,275,214	3275.0%		45,430			1,287,633	2834.3%	
2047	48	31,936			1,141,684	3574.9%		37,260			1,152,663	3093.6%	
2048	40	26,041			1,007,850	3870.2%		30,382			1,017,458	3348.9%	
2049	33	21,131			873,933	4135.8%		24,653			882,257	3578.7%	
2050	28	17,061			763,413	4474.6%		19,906			770,555	3871.0%	
2051	23	13,697			649,842	4744.4%		15,981			655,910	4104.3%	
2052	18	10,935			555,906	5083.7%		12,759			561,012	4397.0%	
2053	15	8,663			469,833	5423.4%		10,108			474,087	4690.2%	
2054	12	6,816			391,123	5738.3%		7,953			394,632	4962.1%	
2055	10	5,332			326,108	6116.1%		6,221			328,976	5288.2%	
2056	7	4,148			266,336	6420.8%		4,839			268,658	5551.9%	
Past Future Lifetime	without interest	15,310,306 12,431,464 27,741,770			6,335,836 62,653,768 68,989,604	41.4% 504.0% 248.7%		15,310,306 14,259,389 29,569,695			6,335,836 63,210,478 69,546,314	41.4% 443.3% 235.2%	
Past Future Lifetime	with interest at 6.61%	27,033,009 7,592,544 34,625,554			8,084,477 23,654,355 31,738,833	29.9% 311.5% 91.7%		27,033,009 8,627,216 35,660,226			8,084,477 23,840,167 31,924,644	29.9% 276.3% 89.5%	
Past Future Lifetime	with interest at 4.5%	22,430,655 8,705,068 31,135,723			7,457,921 31,011,093 38,469,015	33.2% 356.2% 123.6%		22,430,655 9,921,120 32,351,775			7,457,921 31,265,963 38,723,884	33.2% 315.1% 119.7%	
58/85 Test		original prem	29,765,104	58%	17,263,760	add'l prem	2,586,671	85%	2,198,671	sum	19,462,431		
60/85 Test		original prem	29,765,104	60%	17,859,062	add'l prem	2,586,671	85%	2,198,671	sum	20,057,733		

United Health Actuarial Services, Inc.

*Historical premium shown is collected premium, and projected premium shown is earned premium

As of 12/31/2016, the active life reserve held was \$22,100,028.

Catholic Order of Foresters
Exhibit D
Historical and Projected Experience

2

Pennsylvania Experience
FCNH, FCLTC, FCLTC 2000

Calendar Year	Life Years	Historical Experience				
		Premium*	By Incurral Year			Incurred Loss Ratio
			Pd Clms	Clm Res	Inc Clms	
1998	0	0	0	0	0	
1999	1	1,670	0	0	0	0.0%
2000	4	8,086	0	0	0	0.0%
2001	5	8,015	0	0	0	0.0%
2002	5	9,676	0	0	0	0.0%
2003	11	20,065	0	0	0	0.0%
2004	12	18,123	0	0	0	0.0%
2005	12	19,252	0	0	0	0.0%
2006	11	18,876	0	0	0	0.0%
2007	11	15,480	0	0	0	0.0%
2008	11	15,480	0	0	0	0.0%
2009	11	15,480	0	0	0	0.0%
2010	11	15,480	0	0	0	0.0%
2011	11	15,480	0	0	0	0.0%
2012	11	15,480	0	0	0	0.0%
2013	11	15,480	0	0	0	0.0%
2014	11	15,480	0	0	0	0.0%
2015	11	15,480	0	0	0	0.0%
2016	10	12,051	0	0	0	0.0%

Projected Experience
It is not feasible to provide a Pennsylvania-specific projection due to the lack of credible experience.

*Historical premium shown is collected premium.

As of 12/31/2016, the active life reserve held was \$405,458

Please note that no claims have been incurred to-date in Pennsylvania, so Pennsylvania-specific morbidity experience is non-credible.

AUTHORIZATION FOR FILING

The Catholic Order of Foresters hereby authorizes United Health Actuarial Services, Inc. (UHAS, Inc.), to submit for approval, on behalf of Catholic Order of Foresters and under applicable insurance statutes, regulations, and rules, the Long Term Care rate and loss ratio filing described in the cover letter.

Terrence D. Resche
Signature
Appointed Actuary for the
Catholic Order of Foresters

June 16, 2016
Date



BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
TRIPLUS SERVICES, INC. • THIRD-PARTY ADMINISTRATOR
PO BOX 3735
OMAHA, NE 68103-0735

PHONE: (877) 702-7770
FAX: (855) 447-4719
EMAIL: customersupport@tri-plus.net

3/28/2017

Name
Street Address
City, State, Zip

Policy No: #####
Insured: Name

Dear Name:

We value your business and want to thank you for choosing Catholic Order of Foresters to provide your long term care coverage. We are committed to ensuring that your long term care insurance benefits are there when you need them.

The purpose of this letter is to notify you that we have determined that it is necessary to increase premiums for your coverage. This is not a premium notice; if you are on a direct, paper bill mode you will receive a notice of premium due approximately 30 days before the premium is due. Your future premium rate(s) will be as follows:

* The Annual renewal premium rate of \$##### will become effective on 06/01/2017. This represents a percentage increase of ##.##%. Please note that this premium rate does not reflect any future rate increases that may occur.

Reasons for the Premium Increase

It is necessary to increase premiums due to greater-than-anticipated claims payments expected over the lifetime of all policies like yours. Premium rates must be adjusted to ensure current and future claims are adequately funded, so that long term care benefits will be available to you when you need them. Please be assured that you have not been singled out, and this premium increase is not a reflection of any previous claims history you may have had.

Options Available To You:

We do understand that this premium increase may make it more difficult to continue your current level of coverage. Please know that we do not take this action lightly and we recognize that raising premiums may have a significant impact on you. As such, below are options that you may consider at this time:

- 1. Continue current level of coverage:** Keep your exact coverage without any changes and the new premium will take effect on 06/01/2017. If we do not hear from you, then we will assume that you have accepted the higher premium amount.
- 2. Adjust your coverage:** You may consider adjusting the level of coverage in order to make premiums more affordable. We have provided you with the attached Benefit Adjustment Option Return Form, which illustrates some of the policy adjustment offer(s) that are available as an alternative to the current plan, while still maintaining essential coverage. If you would like to investigate additional benefit adjustment options, not mentioned in the attached, please call our dedicated Customer Support Department, toll free at 877-702-7770.

Please discuss potential policy changes with your family or advisors as well as our Customer Support Department to make sure any changes to your policy will best suit your needs.

- 3. Elect the Contingent Benefit Upon Lapse:** If you determine that you would like to

discontinue this coverage we will provide a Contingent Benefit Upon Lapse. The Contingent Benefit Upon Lapse is a pool of money that you can use to fund future long-term care expenses. If you elect this option, your policy will be paid-up with a maximum benefit equal to the sum of the premiums you have paid thus far. If you currently have an open claim, or if a new claim is filed, any benefits paid for dates of service after the effective date of the paid-up policy status will be applied to and will not exceed the policy's new maximum benefit amount. To determine the minimum number of days payable under the policy, the sum of all premiums paid is divided by the maximum Daily Benefit at the time of lapse. Benefit Eligibility is determined by the policy terms and all benefits paid by us will not exceed the maximum benefits which would have been payable if the policy had remained in premium paying status.

This Contingent Benefit Upon Lapse acts as a form of reduced paid up coverage and will be available should you choose to lapse the coverage at any point between now and 120 days following the date the new premium rates take effect. If you would like to elect this benefit please complete and return the enclosed Request to Exercise Contingent Benefit Upon Lapse form. If you do not complete this form, and you lapse your policy within 120 days after the effective date of the rate increase, this benefit will be automatically applied.

When you purchased your long-term care coverage, you made a conscious decision to protect yourself and your family from the increasing costs associated with long-term care, which can be significant; therefore we would like to stress the importance of retaining this valuable coverage. Before considering the options above, please carefully evaluate your situation and your reasons for initially purchasing this coverage.

In addition, you may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling on determining your response. Please go to www.shiptalk.org to find the nearest SHIP to you.

This policy is guaranteed renewable. You have the right to renew your policy for life as long as you continue to pay your premium on time. The company has the right to change your premium if it does so for all policies of your class in your state.

We have enclosed additional information about this increase in the attached Frequently Asked Questions document. For any additional questions, please call our Policyholder Services Department at 877-702-7770, election option 3, then 1, at the prompt, and a customer support representative will be happy to assist you.

Sincerely,

TriPlus Services, Inc.

Third Party Administrator for Catholic Order of Foresters



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FREQUENTLY ASKED QUESTIONS FOR INSURED

Q. Why is my premium increasing?

A: It is necessary to increase premiums due to greater than anticipated claims payments expected over the lifetime of all policies like this one. Many of the pricing assumptions that were common in the industry when your product was originally marketed have not developed as expected. The factors that contribute to the higher anticipated claims payments include morbidity, persistency and mortality. The claims experience trends have emerged higher than originally priced and more policyholders have kept their coverage in force, resulting in more claims in the later policy durations. This premium increase will help ensure that the Company is able to live up to its obligations to you as a policyholder.

Q. When will my premium increase?

A: Premium for your in force coverage will increase on the date specified in your letter. If your premium is paid through automatic bank draft, your new premium will be deducted automatically from your account on the stated date. If you pay your premium by check, you will receive a premium notice for the increased amount approximately 30 days before that premium due date.

Q. I thought my premium could never go up. Am I being singled out for this rate increase because of my age or health?

A: No. Your premium rates for long term care insurance will never change based on changes in your age or health. As stated in your policy, we can only change premium rates on a class basis, not an individual basis. This means that the rates have been changed on all policies like yours on a statewide class basis. Even though you may not have used your policy, we need to ensure that we can deliver on the promises of the policy should you need to make a claim in the future.

Q. Will my premium continue to increase?

A: The Company will continue to monitor emerging claims experience to ensure that it is able to deliver on the promises of your policy, primarily to pay any future claims you might incur.

Q. Have other insurance companies raised their long term care rates?

A: Yes. The deviations from expected claim and persistency assumptions that the Company has experienced have also been experienced by other long term care insurance carriers. Numerous other carriers have also implemented rate increases for long term care policies.

Q. What are the options to reduce my coverage?

A: Please refer to the Benefit Adjustment Option Return Form for a description of some of the options available to you. If there are no specific options listed in your letter, or you would like to investigate additional options, please contact our Policyholder Services Department at 877-702-7770, pressing option 3, then 1, at the prompt.

Q. To keep my policy without paying the higher premium, how do I change my coverage?

A: To change your coverage we require your request in writing. You may submit the Benefit Adjustment Option Return Form included with your notification letter, or you may contact our Policyholder Services Department at 877-702-7770, election option 3, then 1, at the prompt, to obtain a proposed benefit adjustment form for those options not identified in your letter.

Q. How long do I have to make any coverage changes before the effective date of the increase?

A: You can change your coverage at any time, however in order for us to process any changes before the rate increase effective date you should submit your election to us 15 business days in advance of the effective date of the increase.

Q. I am currently receiving Long Term Care benefits. Do I have to remit the new premium?

A: The premium increase will not impact your current claim benefits. Your policy will continue to provide you with the benefits in accordance with the terms of the coverage you purchased. If your policy contains a provision that waives premium and you are currently receiving that benefit, the new premium will also be waived until such time as you are no longer eligible for waiver of premium, as stated in your policy. You will have to pay the increased premium only after you return to a premium paying status. If your policy does not have a waiver of premium provision or if you do not qualify under this provision, then the premium increase will impact you, even if you are on claim. Please refer to the "Options Available To You" section of the rate increase notification letter.

Q. What safety measures are in place should COF become financially distressed?

A: The premium increases are designed to prevent this from happening. Also, COF, like all other fraternal insurers, may assess its members (in this case, all COF policyholders), a Maintenance of Reserve fee, should the need ever arise.

Q. Whom should I contact if I have additional questions about this rate increase?

A: If you have additional questions, please contact our Policyholder Services Department at 877-702-7770, election option 3, then 1, at the prompt. The office hours are Monday through Friday 7:30 a.m. to 4:45 p.m. Central time.



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BENEFIT ADJUSTMENT OPTION RETURN FORM

Date: 3/28/2017

Policyholder: Name

Policy Number: #####

If you would like to implement one of the benefit adjustment options listed in this letter please circle the option you would like to exercise and then sign, date, and return this page using the enclosed envelope. While you are able to adjust your benefits at any time, to ensure that your option is effective before the rate increase effective date, please return your option to us within 45 days from the date of this letter.

If you would like to investigate additional benefit adjustment offers, not mentioned below, please call our dedicated Customer Support Department, toll free at 877-702-7770.

If you do not wish to implement any of these benefit adjustment options you do not need to return anything to us.

* Reduce your policy maximum Benefit Period from Lifetime to 5 Years and reduce your base Daily Benefit Amount from \$####.## to \$####.## for a new Annual premium of \$####.##. Since you have an active Simple Inflation rider, your new inflated Daily Benefit Amount would be \$####.## as of 06/01/2017 and is subject to further increases per rider terms.

* Reduce your policy maximum Benefit Period from Lifetime to 5 Years for a new Annual premium of \$####.##

* Increase your Elimination Period from 20 Days to 90 Days for a new Annual premium of \$####.##

* Remove your Return of Premium Rider for a new Annual premium of \$####.##

Please be aware when considering these options, that if you choose to reduce the maximum available under your policy, then any prior claims made on your policy will affect the benefits available after the reduction.

By signing and returning this page, Catholic Order of Foresters will change the policy's available benefits, effective 06/01/2017, to the choice you selected above. You will receive an updated benefit rider once this change to the policy has been made. Please note that the above premium rates are for the current rate increase period and do not reflect any additional rate increases that may be scheduled to occur, or may occur in the future, whether mentioned in this letter or not.

Signature _____ Date _____

If anyone other than the policyholder signs above, we must have copies of Durable Financial Power of Attorney papers or other legal representative papers on file.

REQUEST TO EXERCISE CONTINGENT BENEFIT UPON LAPSE

Date: 3/28/2017

Policyholder: Name

Policy Number: #####

NOTE: This benefit can be elected by either lapsing your coverage by means of not paying your premium, or by completing and returning this form to us. Either way your election for this coverage must be made within 120 days following the effective date of this rate increase. ***If you do not want to exercise the Contingent Benefit Upon Lapse, then you do not need to complete this form.***

By completing and returning this form, I am electing to stop paying premiums for my long term care coverage and I am exercising the Contingent Benefit Upon Lapse option available with this rate increase.

By exercising this option, I understand that:

- My new maximum benefit amount under this policy will be equal to the sum of the premiums paid into the policy from the issue date through the current paid to date or the remaining amount of benefits available under the policy; whichever is less; and,
- Once I exercise this option, I will only be able to reinstate my original maximum benefit amount if I submit a premium payment within 65 days from my premium due date; and,
- I must meet the eligibility requirements required under the Policy in order to receive benefit payments.

By signing below I agree to elect the Contingent Benefit Upon Lapse and I agree to all of the above.

Signature _____ Date _____

If anyone other than the policyholder signs above, we must have copies of Durable Financial Power of Attorney papers or other legal representative papers on file.